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21839 7599 10/19/2011
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Susan M. Dadio	(Depositor's name)
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/Susan M. Dadio/	(Signature)
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01/19/2012	(Date)
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APPLICATION NO.	FILING DATE	FIRST NAME/INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/594,432	11/16/2007	Zhongxin Ge	1034136-0000035	2629
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TITLE OF INVENTION: PEGYLATION AND HYDROXYLATION OF TRIMETALLIC NITRIDE ENDOHEDRAL METALLOFULLERENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$870	\$300	\$0	\$1170	01/19/2012
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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MCCRACKEN, DANIEL	1736	423 44500B
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.863)	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	(1) the name of up to 3 registered patent attorneys or agents, OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	Albrecht Tousi & Farnum PLLC
	<input type="checkbox"/> Susan M. Dadio
	3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Luna Innovations Incorporated

1 Riverside Circle, Roanoke, Virginia 24016

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: Issue Fee Publication Fee (Small Entity discount permitted) Advance Order - # of Copies: _____ 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: <i>/Susan M. Dadio/</i>	Date: <u>01/19/2012</u>
Typed or printed name: <i>Susan M. Dadio</i>	Registration No.: <u>40,373</u>

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